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CONFIRMATION NO. 9464

<b>SERIAL NUMBER</b> 10/801,086	<b>FILING OR 371(c) DATE</b> 03/15/2004 <b>RULE</b>	<b>CLASS</b> 707	<b>GROUP ART UNIT</b> 2165	<b>ATTORNEY DOCKET NO.</b> 17101.0003U2	
<b>APPLICANTS</b> N. Stephen Ober, Southboro, MA; John Grubmuller, Bedford, NH; Maureen Farrell, Bedford, MA; Charles Wentworth, Attleboro, MA; Tom Gilbert, Holliston, MA; Kevin Barrett, Sherborn, MA; Steven Davis, Brookline, MA; Erik Nordman, Waltham, MA; Randell Grenier, Waltham, MA;					
<b>** CONTINUING DATA *****</b> This application is a CON of 09/665,420 09/20/2000 PAT 6,732,113 which claims benefit of 60/154,726 09/20/1999 <i>Yes! TM.</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>None TM.</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/31/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Tork</i> <i>TM</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 17	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 23859					
<b>TITLE</b> System and method for generating de-identified health care data					
<b>FILING FEE RECEIVED</b> 900	<b>FEES: Authority has been given in Paper</b> No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		